



# DISTRIBUTOR/WHOLESALER MEMBERSHIP APPLICATION



Company Name \_\_\_\_\_

Name of Primary Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_

Note: The Primary Contact is the person who will be the recipient of information from ISSA.

Name of Official Representative \_\_\_\_\_ E-mail \_\_\_\_\_

Title: Check one. Must be:

Owner or Partner  CEO/COO or President  General Manager  Vice President/Officer  Most Senior Manager for Jansan Industry

Note: The only purposes of the Official Representative are to vote and hold office. No other mailings will go to the Official Representative.

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Toll-Free \_\_\_\_\_ URL/Web Site \_\_\_\_\_

Company E-mail\* \_\_\_\_\_ Company Fax\* \_\_\_\_\_

\*E-mail and fax will be used in the ISSA Membership Directory.

**Applicant referred by:** Name \_\_\_\_\_ Company \_\_\_\_\_

## CONTACTS

List key employees to receive access to the online members' lounge.\*

(\*Members lounge is an area exclusive to ISSA members to research, network, and educate themselves in the cleaning industry)

Trade Show Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_

Education/Training Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_

Legislative/Regulatory Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_

Young Executive Society (YES) Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_

Standards/Certification Contact \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_

Why did you join ISSA? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

What do you want to receive as a result of your membership? \_\_\_\_\_

I consent to receive all unsolicited communications sent by or on behalf of ISSA, the ISSA Foundation, and all ISSA affinity program providers.

CODE OF ETHICS ACKNOWLEDGEMENT: The Applicant hereby certifies that it has reviewed ISSA's Code of Ethics and all applicable agreements online at [www.issa.com/code](http://www.issa.com/code) and is in compliance therewith. The Applicant further agrees that it will remain in compliance as a condition for continued ISSA membership. All statements made by me and contained herein are true.

Signature Required \_\_\_\_\_ Date \_\_\_\_\_

## MEMBERSHIP CLASSIFICATIONS (Check one only.)

- Distributor membership** shall be open to those firms that occupy a place of business, a principal purpose of which is the sale of cleaning and maintenance products to commercial, industrial, or institutional end users. The primary source of these products shall be the distributor's warehouse inventory, which in turn is derived from several manufacturers.
- Wholesaler membership** shall be open to those firms that occupy a place of business, a principal purpose of which is the sale of cleaning and maintenance products from several manufacturers to distributor members primarily from the firm's warehouse inventory. No sales shall be made to industrial/institutional end users.

## DISTRIBUTOR/WHOLESALER

Indicate which segment most closely describes your primary business: (Check one only.)

- Janitorial supply     Food/food services     Hardware     Industrial supplies     Paper
- Office supplies     Medical supplies     Safety equipment     Other (Describe) \_\_\_\_\_

## BUSINESS REFERENCES: (List two manufacturers whose products you sell.)

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_

Please indicate which buying/marketing groups you belong to:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> AFFLINK                         | <input type="checkbox"/> Network       | <input type="checkbox"/> Strategic Market Alliance |
| <input type="checkbox"/> Consolidated Distributors       | <input type="checkbox"/> NISSCO        | <input type="checkbox"/> Triple S                  |
| <input type="checkbox"/> The Dissan Group                | <input type="checkbox"/> PRO-LINK      | <input type="checkbox"/> The United Group          |
| <input type="checkbox"/> Distributor Partners of America | <input type="checkbox"/> RDA Advantage | <input type="checkbox"/> Other _____               |

## BRANCHES - Your membership includes UNLIMITED FREE branches!

Branch memberships and member subscriptions put information into the hands of your team. All locations will be listed in the ISSA.com Buyers' Guide and Member Directory. Please list all branch locations below.

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

(Company name must match headquarter company name)

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

(Company name must match headquarter company name)

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

(Company name must match headquarter company name)

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

## MEMBERSHIP DUES RATE SCHEDULE (Check one only)

- |  |                    |         |
|--|--------------------|---------|
| <input type="checkbox"/> Under \$5 million   | <del>\$615</del>   | \$308   |
| <input type="checkbox"/> \$5-\$10 million    | <del>\$720</del>   | \$360   |
| <input type="checkbox"/> \$10-\$20 million   | <del>\$970</del>   | \$485   |
| <input type="checkbox"/> \$20-\$50 million   | <del>\$1,120</del> | \$560   |
| <input type="checkbox"/> \$50-\$100 million  | <del>\$1,500</del> | \$750   |
| <input type="checkbox"/> \$100-\$300 million | <del>\$2,430</del> | \$1,215 |
| <input type="checkbox"/> Over \$300 million  | <del>\$3,995</del> | \$1,998 |

**NOTE: Membership includes free registration for ISSA/INTERCLEAN® North America, September 11-14, 2017 Las Vegas if you register by deadline date!**

### PAYMENT OF DUES

A remittance of one (1) full year’s dues is to accompany application. Dues are billed annually in December. Second year dues will be reduced pro rata (in direct proportion to the month in which you joined). Upon application approval, dues are non-refundable.

**Special Note:** Internal Revenue codes require that a not-for-profit trade association notify members that contributions or gifts to ISSA are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses. This statement does not apply regarding contributions to the ISSA Foundation.

### NEW MEMBER DUES (See rate schedule.)

Dues \$ \_\_\_\_\_

Foundation \$ \_\_\_\_\_

(Voluntary contribution suggested \$70)

**Total Amount \$** \_\_\_\_\_

### Form of Payment:

- Check enclosed (remit in U.S. funds)       Charge my credit card account:  
 VISA (16 digits)     MasterCard (13 or 16 digits)     American Express (15 digits)

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Card Number

Month    Year  
 Expiration Date

Print Cardholder’s Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**FOR ISSA USE ONLY:** PAID \$ \_\_\_\_\_ DATE \_\_\_\_\_ RVD \_\_\_\_\_ ACK \_\_\_\_\_